PS Form	SENDER: Complete items 1, 2, and 3. Add your address in the "RETURN reverse.	V TO" space on
3811, Nov. 1976	1. The following service is requested (check of Show to whom and date delivered Show to whom, date, & address of delivered	
RN RECEIPT, REGISTERED, INSURED AND CERTIFIED	Route 1, Box 108 Adamstown, Md. 21710 3. ARTICLE DESCRIPTION:	SURED NO.
	(Always obtain signature of addressee or agent) I have received the article described to	
	I have received the article described above SIGNATURE Addressee Authority 4. DATE OF DELIVERY 5. ADDRESS (Complete only if requested) 6. UNABLE TO DELIVER BECAUSE:	clerk's Initials
X X X	JUN 2 5 RECO	P: 1976-0-203-456

WEINBERG, MICHEL.

FREDERICK, MARYLAND